

Retain this page in your custody for future reference as to the date when you mailed your application.*

INSTRUCTIONS
FOR THE NOTARY PUBLIC APPLICATION

Please read each question and answer carefully to avoid making any false statements.

This application is valid for out-of-state applicants.

Questions regarding certain notary public duties, etc., can be resolved by accessing www.mass.gov/legal/notaries.html - Additional applications may be downloaded at this same web site.

On the line for your **name** it is expected that you will clearly type or print your...

Given first name plus family name (surname) with whatever middle initial(s), or middle name(s), if any, as bestowed with legal recognition. The fact that you have one legal name provides a lawful designation and distinguishment from other individuals. The legal surname can be changed at time of marriage, and either the given or surname may be changed by order of court. Be mindful of how you sign your name. You may wish to sign documents as a notary using only an initial or initials in place of the middle name or names.

☐ Please staple together the 4 pages of the application, and staple an up-to-date resume
Done at the end of the application.

☐ If you have a business card you may staple it at the upper left corner of the first page
Done of the application.

Please mail the entire completed application with all pages stapled together, to:

Notary Public Office
Room 184, State House
Boston, MA 02133

We will process your application promptly. Because of constitutional time parameters this process may take as many as 18 days between the day on which you mail your application and the day when you receive a notice of approval.

☐ *Write on this line _____ the date on which the completed application is mailed.
Done

☐ Now write in the date _____ which will occur 18 days after date of mailing.
Done It will be on or about this future date when you will be notified by mail.

When your application is favorably considered, you will be notified by the Secretary of the Commonwealth who will include with the notification of your appointment the directions for being sworn in. At the same time you will be provided with instructions as to the manner and method for paying the \$60 commission fee to the Secretary of the Commonwealth. **Please do not send a fee with this application.**

Do not send this page with your application
Keep this page for future reference to the dates which you entered above.

Staple
Here

page 1 of 4

Do not send any payment with this application

To the Governor of Massachusetts

I hereby petition for appointment to the office of

NOTARY PUBLIC

(A commission will be granted only where public convenience requires):

MY REASONS:

Read "Instructions" regarding name. Now type or print clearly your name as you wish it to appear on your notary public commission. This is the name form you must use in notarizing documents.

1. Applicant's name: _____ ☐ Male ☐ Female

2. Current residence: _____
Street address (post office box not acceptable unless it is the only available delivery))

Legal name of city or town* Zip code County Length of time at this address

3. Current occupation: _____

4. Current business address: _____
Street address

Legal name of city or town* Zip Code County

5. Daytime phone number: (____) _____ Evening phone number: (____) _____

6. Date of birth: ____/____/____ Place of birth: _____
Town or City State Country

7. Have you ever had a professional license suspended or revoked? Yes ☐ No ☐

If you answered "yes" please attach an explanation on a separate page.

8. Have you ever been convicted of a crime or admitted to facts sufficient to warrant a finding of guilty?

Yes ☐ No ☐ *If you answered "yes" please attach an explanation on a separate page.*

Signature of Applicant: _____

Be mindful of how you sign your name. See instructions.

**The proper legal name of your city or town is not necessarily the name of the post office that delivers your mail.*

Applicant's name: (print clearly) _____

9. Previous residence: _____
Street address (post office box not acceptable)

Legal name of city or town* Zip Code County Length of time at this address

10. Name of current employer _____

11. Name of current supervisor: _____

12. Length of residence in Massachusetts: _____

13. Names and locations of schools or universities that you have attended since age 18:

14. Have you ever held a commission as a Notary Public or as a Justice of the Peace in Massachusetts?

Yes ☐ No ☐

If so, when did or does your term expire? _____

If so, have there been any complaints made about your commission? Yes ☐ No ☐

If you have changed your name since your last appointment, please indicate former name here: _____.

15. Email address: _____

I hereby state under the pains and penalties of perjury that all of the information in this application and on my resume is accurate. **I acknowledge that any false statement in this application or on my attached resume will be cause for revocation of the commission.**

Signature of Applicant: _____

This page must be signed by an existing notary public.

TO BE COMPLETED BY THE APPLICANT:

I, (the applicant), hereby state that I have read and understand the following information regarding the responsibilities of being a notary public:

1. A notary public is empowered to: administer oaths and affirmations; perform acknowledgments and jurats and witness signatures; issue subpoenas; protest commercial papers; and be present at the removal of the contents of bank safe deposit boxes.

2. A notary public may witness documents for use in Massachusetts and in other states. However, a notary public may only witness documents so long as he or she is physically present in Massachusetts at the time of the notarization.

3. A notary public is a public servant performing a public duty. If a notary public is performing notarizations at a place of business, the notary public may not decline to notarize a document for a person who is not conducting business with the notary public's employer. For example, if the notary public works at a bank, the notary public may not decline to notarize a document solely because a person is not a client of that bank.

4. A notary public may only charge the amount set forth in statute for performing a notarization. It is the notary public's responsibility to know the proper amount to charge. In no case may a notary public charge more than the statutory amount.

5. A notary public must ensure that the person signing a document to be notarized is who s/he says s/he is. This means that the notary public must ask for and receive satisfactory evidence of identity before performing the notarization.

By signing this document, I attest under the pains and penalties of perjury that I have read and understand this information regarding the responsibilities of being a notary public. I understand that failing to follow any of these guidelines may subject me to termination proceedings. I also attest that I have read Executive Order 455 (04-04) and agree to comply with all of its terms. I understand that failure to do so may subject me to termination proceedings.

Applicant's signature

Notarization required below:

On this ____ day of _____, 20__, before me, the undersigned notary public, personally appeared _____, who proved to me through satisfactory evidence of identification, which was/were _____, to be the person whose name is signed on the preceding document in my presence.

(official signature and seal of notary)
My commission expires _____

This page must be signed by an existing notary public.

Applicant's name (print clearly) _____

TO BE COMPLETED BY FOUR REFERENCES

We, the undersigned, certify under the pains and penalties of perjury that the applicant:
 (1) is known to each of us; (2) is of high standing and character; and (3) is in every way fitted for the
 position of Notary Public. We are willing that this certification may be made public, if necessary.
 The references must personally sign, and their names should be clearly printed below their signature.

_____ Name – Attorney*	_____ Massachusetts Residence (City or Town)	_____ Relationship to applicant
_____ Name	_____ Massachusetts Residence (City or Town)	_____ Relationship to applicant
_____ Name	_____ Massachusetts Residence (City or Town)	_____ Relationship to applicant
_____ Name	_____ Massachusetts Residence (City or Town)	_____ Relationship to applicant

*This certificate must be signed by four persons, of whom one must be a member of the bar in good standing.

Out-of-State applicants may use references from the applicant's state of residence – and should modify this page accordingly

Please mail the entire completed application, along with an up-to-date copy of your resume, to:

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Room 184, State House
Boston, MA 02133

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